Name in Full

Certificate of Death

Emeline Bowman

Died at Town Ridge County St Mary's MARYLAND

1904 Month 5 Day 19 Y. 42 M. D. Native of U S Occupation Farmer/Emp

Date 189 ~~Male~~ Female ~~White~~ Colored Age Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 8

~~Husband~~ Wife of Wylow Bowman

Father's Name Chas. Johnson Mother's Name Susan Dixon

Cause of Death { Primary Consumption How long sick 1 year

Immediate Asthenia

~~Accident, Suicide, Homicide~~

Reported by L.M. Griffith

Address H. Oregon Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65568

Name in Full

Certificate of Death

Mary Silesta Bennett

Town: Leonardtown County: St Mary's Co

Died at Leonardtown St Mary's Co MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
May	12	36	—	—	St Mary's Co	Housewife

Date 1904

~~Male~~ Female | ~~White~~ Colored | Married | ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 10

~~Husband~~ Wife of James Walter Bennett

Father's Name James R. Thompson ~~Mother's~~ Maiden Name Lucinda Reiley

Cause of Death: Primary — Tuberculosis of throat — How long sick 8 months

Immediate — ~~Accident, Suicide, Homicide~~

Reported by H. T. Greenwell

Address Leonardtown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70202

Name In Full

Certificate of Death

Francis Branigan

Town

Died ~~Over~~ Brunswick

County

Ft Marys

MARYLAND

Date 1904 Month May Day 27 | Age Y. 38. M. O. | Native of Ft. Marys Co. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

166

Cause of Death — Primary: Being run over by heavily loaded cart.

How long sick

Immediate: Contusion of the Brain

Accident, ~~Suicide~~, ~~Homicide~~

Reported by A. H. Brunwell

Address Jerusalem

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full: Grace May Gibson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Millstone — County: St. Marys

Date of death: 1904 — Month: 5 — Day: 24 — Age: Years — — Months: 4 — Days: —

Sex: Female — Color or Race: white — Birthplace: md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: James H. Gibson — Father's Birthplace: md

Mother's Maiden Name: May Hill — Mother's Birthplace: md

Name of person giving In formation: James H. Gibson — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

105

Primary: — How long: —

Immediate: Enteritis — How long: 36 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color. date and place correctly given above? yes.

Signature of Physician: Robt. V. Palmer

Address: Palmers md

Accident or Suicide?

LIBRARY BUREAU ADDRESS

Name in Full

David Gray

Certificate of Death

Town: St Inigoes County: St Mary's MARYLAND

Died at

Date 19~~20~~ 00 Month: May Day: 23 Y. M. D. Age: 70 Native of: U.S. Occupation: Laborer

~~Male~~ / Female ~~White~~ / Colored Married / ~~Single~~ ~~Widow~~ / ~~Widower~~ ~~Divorced~~ Number of children living: 2

Husband of ~~Wife~~ Marguerite Gray

Father's ~~Name~~ — Mother's Name —

Cause of Death — Primary: Asthma How long sick: 17 Several years

Immediate: Heart Failure

~~Accident, Suicide, Homicide~~

Reported by: L. M. Lippitt

Address: St Inigoes

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66756

Name In Full

Certificate of Death

William H. Jones

Town: Leonardtown

County: St Marys Co

Died at Leonardtown St Marys Co MARYLAND

Date 1904 Month: May Day: 8

Age Y. 72 M. — D.

Native of St Marys Co

Occupation Butcher

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower Divorced

Number children living

Husband ~~Wife~~ of Laura H Jones

Father's Name

Mother's Maiden Name

Cause of Death: Primary — Chronic Tubular Nephritis

How long sick three weeks Last illness

Immediate — Coma Uremia

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by F. F. Greenwell

Address Leonardtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79909

Name in Full

Certificate of Death

William H. Jones

Town: Leonardtown County: St Marys Co Died at MARYLAND

Date 1904 Month: May Day: 8 | Age Y. 72 M. D. | Native of St Marys Co | Occupation Butcher

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living

~~Husband~~ ~~Wife~~ of Laura A Jones

Father's Name | Mother's Maiden Name

Cause of Death — Primary: Chronic Tubular Nephritis — How long sick: 3 months last illness

Immediate: Coma Uremic — Accident, Suicide, Homicide

Reported by F. F. Greenwell

Address Leonardtown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70809

Name in Full

Certificate of Death

Francis Juniper

Town

Sandsale

County

St Marys

MARYLAND

Died at

Month	Day	Y.	M.	D.
May	30	21		

Native of Md

Occupation Housewife

Date 19 0x

~~Male~~ Female

~~White~~ Colored

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living None

Husband of

Wife

Father's Name

Mother's Maiden Name Thelma Thomas

Cause of Death { Primary Consumption

How long sick 6 mos

Immediate

Accident, Suicide, Homicide

Reported by L. O. Perkins

Address Sandsale Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79803

Name in Full

Frances Montague

Certificate of Death

Died at St Inigoes Town, St Mary's County, MARYLAND

Date 1904 Month May Day 14 | Y. 90 M. D. | Native of U.S. | Occupation Housekeeper

~~Male~~ Female | ~~White~~ Colored | Married | ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 8

~~Husband~~ Wife of Hezekiah Montague

Father's Name Aaron Carter | Mother's Name Jane Carter

Cause of Death: Primary Heart Disease | How long sick 2 days

Immediate Heart Failure

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Louis M. Dyer

Address St Inigoes

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Chas. M. Posey.

Certificate of Death

Died at Town: Cobb Ville County: St Mary's MARYLAND

Date 1907 Month: May Day: 10 | Age Y.: 35 M.: D.: | Native of: Md | Occupation: Farmer

Male / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ ~~Widow~~ / ~~Widower~~ ~~Divorced~~

Number of children living 2

Husband of

Wife

Father's Name J. S. Posey Mother's Maiden Name Ella R. Burton

Cause of Death: Primary Ty phoid Fever How long sick 5 Weeks

Immediate

Accident, Suicide, Homicide

Reported by J. O. Linch

Address Cobb Ville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70838

Name in Full

Martha M Thomas

Certificate of Death

Town: California County: St Mary's

Died at California MARYLAND

Date 1907 Month May Day 23 Age Y. 69 M. D. Native of Md Occupation Housewife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Deceased~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 9

Husband of

Wife

Father's Name Elem Connell

Mother's Name Caroline Connell

Cause of Death: Primary Consumption How long sick 3 mos

Immediate

Accident, Suicide, Homicide

Reported by J. Hocking

Address Abell Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Maggie C. Fisbett

Died at Town: Chaptico County: St. Mary's MARYLAND

Date 1904 Month: May Day: 24 | Age Y. 3 M. D. | Native of Md. | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name James Fisbett | Mother's Maiden Name

Cause of Death { Primary Tuberculosis of Lungs | Immediate

How long sick 3 Months

Accident, Suicide, Homicide

Reported by L. B. Johnson

Address Mechanicsville -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898